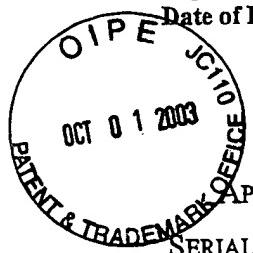


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Date of Deposit: October 1, 2003

Attorney Docket No. 26448-510



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Egan et al.

SERIAL NUMBER : 09/905,188

FILING DATE : July 13, 2001

EXAMINER : Cybille Delacroix-Muirheid

ART UNIT : 1614

FOR : METHODS FOR TREATING FIBROTIC DISEASES OR OTHER INDICATIONS IC

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**STATEMENT OF INVENTOR TO BE ADDED IN CONNECTION WITH
PETITION FOR CORRECTION OF INVENTORSHIP**

Pursuant to 37 C.F.R. §1.48(a)(2) the undersigned hereby states that the error in naming the inventors in the above-referenced application occurred without deceptive intention.

Respectfully submitted,

Sheng Ding Fang
Inventor's Signature

8/28/2003
Date

Full Name of Inventor: Sheng Ding Fang
Citizenship: United States
Residence: 28 Barker Street, Apt. G2, Mount Kisco, NY 10549
Post Office Address: Same

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Express Mail Label No.: EV 312713697 US

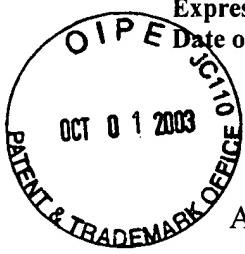
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**WRITTEN CONSENT OF ASSIGNEE TO CORRECTION OF
INVENTORSHIP**

Pursuant to 37 C.F.R. §1.48(a)(5), the undersigned, on behalf of Alteon Inc., the assignee of this application, hereby consents to the correction of the inventorship in the above-referenced application. The undersigned hereby states that he or she is an official empowered to act on behalf of the assignee.

Respectfully submitted,



NAME: Kenneth I. Moch
TITLE: President and CEO
COMPANY: Alteon Inc.

9/25/03
Date

MMDM 387 (600 pads of 10 pages) 4-02

Birth-Death

PUNE MUNICIPAL CORPORATION**MEDICAL CERTIFICATION OF CAUSE OF DEATH**

(For non-institutional deaths. Not to be used for still births.)

FORM NO. 4A (See Rule 7)

To be sent to Registrar along with Form No. 2 (Death Report).

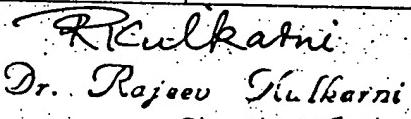
I hereby certify that the deceased Shri / Smt. / Kum. DILIP RAGHUNATH WAGLE
 son / wife / daughter of Raghunath Mangesh Wagle resident of 67 Pt. Bhushan Apts, Anil Pat.
Jnalsar, Kavre Road Pune 411004. was under my treatment from _____ to _____ and he / she died on 28/7/2003 at 4:30 AM/PM.

NAME OF DECEASED <u>DILIP Raghunath Wagle</u>				
Age at Death				
Sex	If 1 year or more, age in Years	If less than 1 year, age in Months	If less than 1 month, age in Days	If less than 1 day, age in Hours
	M	F	—	—
CAUSE OF DEATH				
1: Immediate cause	(a). Due to (or as a consequences of) <u>Cardio - respiratory arrest.</u> Interval between on set & death approx. <u>20 minutes.</u>			
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.				
Antecedent cause	(b). Due to (or as a consequences of) <u>Cerebro - Pontine Atrophy.</u>			
Morbid conditions, if any giving rise to the above cause, stating underlying conditions last.				
2. Other significant conditions contributing to the death but not related to the disease or conditions causing it.	(c). <u>Diabetes</u> <u>Hypertension.</u>			

If deceased was a female, was the death associated with pregnancy ? 1. Yes 2. No

If Yes, was there a delivery ?

1. Yes 2. No


 Dr. Rajeev Gulkarni

Reg. No. 10500

Name and Signature of the Medical Attendant certifying the cause of death

Shriram Apts. 1244/B Apte Road
Pune-4. Tel: 5531578Date of verification 28/7/03

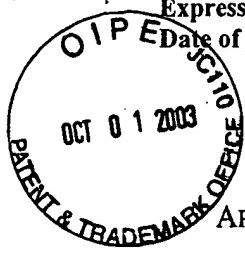
SEE REVERSE FOR INSTRUCTIONS
(To be detached and handed over to the relative of the deceased.)

Certified that Shri / Smt. / Kum. _____ son / wife / daughter of _____
 Shri _____ from _____ to _____ R/O _____ was under my treatment _____
 and he / she expired on _____ at _____ A.M./P.M.

Doctor

Medical Superintendent :

Name of the Hospital :



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STATEMENT OF INVENTORS IN CONNECTION WITH PETITION FOR
CORRECTION OF INVENTORSHIP

Pursuant to 37 C.F.R. §1.48(a)(2) the undersigned hereby states that the error in naming the inventors in the above-referenced application occurred without deceptive intention.

Respectfully submitted,

Inventor's Signature

Full Name of Inventor: John Egan

Citizenship: United States

Residence: 169 E. 69th Street, Apt. 6D, New York, NY 10021

Post Office Address: Same

Date

Inventor's Signature

Full Name of Inventor: Martin Gall

Citizenship: United States

Residence: 21 Knollwood Drive, Morristown, NJ 07960

Post Office Address: Same

8/22/03

Date

Sara Vasan

Inventor's Signature

8/22/03

Date

Full Name of Inventor: Sara Vasan

Citizenship: United States

Residence: 150 E. 30th Street, Apt. 2E, New York, NY 10016

Post Office Address: Same

Dilip Wagle

09/17/2003

Date

Legal Representative of Inventor's Signature

Full Name of Legal Representative: PRAMOD WAGLE

Citizenship: INDIAN

Residence:

Post Office Address: Same

The above signed is the Legal Representative of Deceased Inventor Dilip Wagle under 37 CFR §1.42

Full Name of Inventor: Dilip Wagle

Citizenship: United States

Residence: 6 Prabashali Apts., Anil Park
Nal stop, Karve Road, Erandwane,
Pune 411 004, India

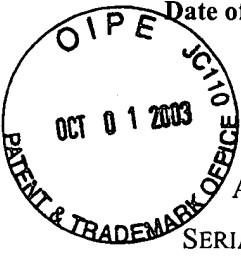
Post Office Address: Same

10-02-03

GAU-1614

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TRANSMITTAL LETTER

Transmitted herewith for filing in the above-referenced patent application are the following documents:

1. Petition for Correction of Inventorship (1 pg.);
2. Statement of Inventor to be Added in Connection with Petition for Correction of Inventorship (1 pg.);
3. Statement of Inventors in Connection with Petition for Correction of Inventorship (2 pgs.)
4. Written Consent of Assignee to Correction of Inventorship (1 pg.);
5. Executed Combined Declaration and Power of Attorney (2 counterparts, 8 pgs. total);
6. Medical Certification of Cause of Death for Dilip Wagle (1 pg.);
7. Check No. 17308 in the amount of \$130.00; and
8. Return postcard.

The Commissioner is authorized to charge any additional fees that may be due, or to credit any overpayment, to the undersigned's account, Deposit Account No. 50-0311, Ref. No. 26448-510. A duplicate copy of this transmittal letter is enclosed herewith.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617-542-6000, Boston, Massachusetts.

Respectfully submitted,

Ivor R. Elrifi, Reg. No. 39,572

Attorney for Applicants
MINTZ, LEVIN, COHN, FERRIS,
GLOVSKY and POPEO, P.C.
One Financial Center
Boston, Massachusetts 02111
Tel: (617) 542-6000
Fax: (617) 542-2241
Customer No.: 30623

Dated: October 1, 2003